FEB. 25. 2004 2:35PM

MOFO-FAX CTR X7522

NO. 2137 P. 1/4

RECEIVED CENTRAL FAX CENTER

FEB 2 5 2004

MORRISON & FOERSTER LLP CENTRAL FA

Attorneys at Law
425 Market Street
Francisco, California, 94105

San Francisco, California 94105-2482 Telephone: (415) 268-7000

Facsimile: (415) 268-7522

OFFICIAL

To:

NAME:	FACSIMILE:	TELEPHONE:
Commissioner for Patents	703-872-9306	
USPTO		

FROM: Cameron A. King

DATE: February <u>25, 2004</u>

Number of pages with cover page: 4

Preparer of this slip has confirmed that facsimile number given is correct: 6567/vlh1

CAUTION - CONFIDENTIAL

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

Comments:

Attorney Docket No.: 412692000901

Group Art Unit: 3736 Examiner: Not Yet Assigned Application No.: 10/639,050 Filing Date: August 11, 2003 Inventors: ZARINS et al.

Title: Biopsy Marker Delivery System

MOFO-FAX CTR X7522

NO. 2137

FEB 2 5 2004

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE guilted to respond to a collection of information unless it displays a valid QMB control number.

10/639,050

August 11, 2003

Sascha ZARINS

REQUEST FOR WITHDRAWAL	First Named Inventor	Sasc	Ha ZATIN		
AS ATTORNEY OR AGENT	Art Unit	3736	i		
AS ATTOMICES ON AGENT	Examiner Name	e Not Yet Assigned		ned	
	Attorney Docket Num	ber 4126	92000901		
Commissioner for Palents To: P.O. Box 1450 Alexandria, VA 22313-1450				• •	
I hereby apply to withdraw as attorney or agen	t for the above identifie	d patent app	lication.		
The reasons for this request are: Request o	f assignee				
CORRE	SPONDENCE AD	DRESS			
1. The correspondence address is NOT	affected by this withdra	wai.			
2. X Change the correspondence address	and direct all future cor	respondence	e to:		
X Customer Number 27	777	•			
OR					
Firm or		· <u>-</u>		,	
Individual Name			_••		
Address	-				
City	State		Zip		
Country					
Telephone		Fax			
X This request is made on behalf of myse	elf and				
all the attorneys/agents of record.					
the attorneys/agents (with registration	on numbers) listed on th	ne attached p	paper(s), o	r .	
x the attorneys/agents associated with					
This request is enclosed in triplicate (including any attachments).					
Name Capperon A. King					
Signature Que Ollar		Registration	No.	41,897	
Date 2-25-04					
NOTE: Withdrawal is effective when approved rather than when received. Unlass them are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.					
I hereby certify that this correspondence is being transmitted via facsimile to facsimile number 703-873-9306 addressed to: Commissioner for Patents, on the date shown below.					
Dated: Signature:			(Christa Ci	àrlar)	

Application Number

First Named Inventor

Filing Date

Under the Paperwork Reduction Act of 1995, no persons are	U.S. Patent and Trac	PTO/SB/83 (06-03) proved for use through 11/30/2005. OMB 0851-0035 demark Office: U.S. DEPARTMENT OF COMMERCE formation unless it displays a valid QMB control number.
	Application Number	10/639,050
	Filing Date	August 11, 2003
REQUEST FOR WITHORAWAI	First Named Inventor	Sascha ZARINS

Applies Filing (First N REQUEST FOR WITHDRAWAL 3736 Art Unit AS ATTORNEY OR AGENT Not Yet Assigned **Examiner Name** 412692000901 Attorney Docket Number

To: F	O. Box 14	ner for Patents I50 VA 22313-145	60					
I hereby :	apply to wit	thdraw as attor	ney or age	nt for the ab	ove identifi	ed patent applicati	on.	ē
The reas	ons for this	request are:	Request o	of assignee)			
		٠						•
			CORR	ESPOND	ENCE AD	DRESS		
1.	The corresp	ondence addr	ess is NOT	affected by	this withdra	awal.		
	Change the	corresponden	ce address	and direct	all future co	rrespondence to:		
	gee							
X Cu	stomer Nur	mber [2	7777				
OR							-	
	n or ividual Name							
Address								
City				State			Zip	
Country			· · · · · · · · · · · · · · · · · · ·		<u> </u>		••	
Telephone						Fax		
×π	nis request	is made on be	half of mys	elf and				
	all the attorneys/agents of record.							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
x the attorneys/agents associated with Customer Number 20872								
This request is enclosed in triplicate (including any attachments).								
Name Capperon A. King								
Signature	1/2 01/			Registration No.		41,897		
Date 2-25-04 /								
NOTE: Withdrawel is affective when approved ruler than when received. Unless there are at least 30 days between approved of withdrawel and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								
<u> </u>								r,

I hereby certify that this correspondence I Commissioner for Patents, on the date sh	s being transmitted via facsimile to facsimil com below.	e number 703-873-9306 addressed to:
Daled:	Signature;	(Christa Carter)

	U.S Palent	Approved for use	through 11/3 U.S. DEPAR	PTO/SB/83 (06:03) 0/2005 OMB 0651-003\$ TMENT OF COMMERCE	
Under the Paperwork Reduction Act of 1995, no persons are re	equired to respond to a collec	tion of information unles	s It displays a		
REQUEST FOR WITHDRAWAL	Application Number				
	Filing Date		11, 2003		
	First Named Invento		ZARINS		
AS ATTORNEY OR AGENT	Art Unit	3736			
	Examiner Name		Assigned		
	Attorney Docket Nut	mber 4126920	300901		
Commissioner for Patents To: P.O. Box 1450 Alexandria, VA 22313-1450					
I hereby apply to withdraw as attorney or agen	it for the above identifi	ied patent applica	tion.		
The reasons for this request are: Request of	f assignee			-	
	90 ·				
CORRE	SPONDENCE AL	DDRE\$\$			
The correspondence address is NOT	affected by this withdr	rawal.			
2. X Change the correspondence address	-		:		
x Customer Number 27	777				
OR Odstories Northber	,,,,			I	
Firm or	· · · · · · · · · · · · · · · · · · ·				
Individual Name				_	
Address					
City	State		Zip		
Country					
Telephone	V- VV- 1000	Fax		·	
X This request is made on behalf of myse	eff and				
all the attorneys/agents of record.					
	**	M			
the attorneys/agents (with registration numbers) listed on the attached paper(s), or					
x the attorneys/agents associated with		20872			
This request is enclosed in triplicate (including any attachments).					
Name Cameron A. King					
Signature ane May		Registration No		41.897	
Date 04 - 25 - 04 /					
NOTE: Withdrawal is effective when approved righer than when received. Unless there are at least 30 days between approved of withdrawal and the excitation date of a time period for response or possible extension period, the request to withdraw is normally disapproved.					
		•			
I hereby certify that this correspondence is being trans Commissioner for Patents, on the date shown below.	smitted via facsimile to lace	simile number 703-87	'9-9308 addr	essed to:	

sf-1648645